

EXTREME LOSS OF MUSCLE SENSE IN A PHTHISICAL PATIENT.

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MAGGIE S., aged 10 years, American, an inmate of St. Joseph's Orphan Asylum, came to the University Dispensary, December 12, 1889, for treatment. Her parents both died young of phthisis; patient has never been a strong child, and was reported to have passed through several attacks of lung fever. In March of 1889—nine months previous to the time I first saw her—she was suddenly taken ill with persistent and uncontrollable vomiting; this continued for nearly a week, during which time she became very much exhausted, so that her life was despaired of. There was no sore throat nor any evidence whatever of the presence of diphtheria. It was noticed that when she attempted to stand or walk, she would immediately fall to the floor. This was supposed to be due to the extreme weakness following the persistent vomiting; but when the latter ceased and her appetite returned, the inability to stand still remained, and for several weeks she had to be carried, being absolutely unable to either stand or walk. From that time until the occasion of her first visit to the Dispensary she gradually improved until, with the aid of a companion to steady her movements, she was able to get about, but would fall the moment she was left to herself. Careful physical examination showed a poor nutritive state, unhealthy condition of the skin, flabby muscles and evidences of an irritable condition of the alimentary tract, but no signs whatever of any organic disease of heart, lungs or kidneys. Sensation was perfect in all parts of the body, and the reflexes were normal. There was no loss of power in the upper extremities, but in the lower there was slight diminution of muscular strength; tests of both the flexor and

extensor muscles showed that this diminution in strength was no more than could be entirely accounted for by her poor nutritive condition.

The distinctive feature of the case was the extreme incoördination observed in the lower extremities, chiefly in the muscles of the feet, producing great unsteadiness of gait; when the feet were uncovered, the irregular action of their muscles in standing, or when there were no movements of the feet, was most noticeable. "It is important," says Gowers, "to be aware that the incoördination may not be equally distributed through the legs. In some patients it is marked in the muscles of the hips and knees; . . . in other cases this incoördination affects chiefly the muscles of the feet." This furnishes a ready explanation for the presence of the knee-jerk in this patient.

The treatment employed was electricity, with tonics and reconstructives. Before the close of February there had been some improvement in her general condition, but there was practically none in her ability to stand or walk.

May 1, 1890.—Treatment was still continued as above, with much the same result. The power to control movement of the lower extremities has been regained to the extent that the patient can walk across a small room with difficulty, frequently falling forward or sidewise, but usually catching herself before reaching the ground. Commenced to-day the use of suspension, the time of each suspension being from forty to eighty seconds, alternating with electricity.

July 1st.—The patient's improvement has been very rapid during the past two months. She is now able to walk short distances without aid, but trips easily, especially in going up or down stairs. Have ceased the electricity, but still continue the suspensions.

August 1st.—Patient has improved rapidly during the past month; gets about entirely by herself, runs up and down stairs, and only an occasional hitch in gait is perceptible.

Shortly after this time the patient passed from under my

observation; but I am informed that within less than a year she developed phthisis, and is now dead.

The improvement in this case accompanying the use of suspension was, I am assured, simply a coincidence.

The relation between phthisis and multiple neuritis is well established. "There are," says Dr. M. Allan Starr, "cases due to infectious agents, of which those producing diphtheria, variola, typhus, typhoid, malaria and tuberculosis have been hitherto recognized. In course of all these diseases, or as a sequel to them, multiple neuritis may develop, and its occurrence is too frequent to be accidental."¹

At this same time I had referred to me another patient in whom there was a loss of power in the right forearm and hand, especially marked in those muscles which are supplied by the musculo-spiral nerve; there were no disturbances of sensation. This person manifested all the symptoms of a rapid form of phthisis; there was the hectic flush, emaciation, fever, cough, etc. She died within a few months without having regained the use of the paralyzed muscles.

¹ Familiar Forms of Nervous Disease, p. 209.

POST-SURGICAL DELIRIUM.

The "*Médecine Moderne*" of January 22, 1891, contains a paper by Professor Le Dentu upon this subject. Dupuytren earlier described nervous delirium following surgical operations, was violently opposed by Broca, and by Festal and Verneuil, who consider this condition and delirium tremens identical. But nervous delirium and delirium tremens are distinctly two. Post-surgical insanity may assume the form of mania or melancholia, which is also true of alcoholic insanity. Five cases of acute mania, post-surgical, are cited. The attack came and went suddenly, lasted from a fortnight to two months or more, and left the patients in full possession of all their mental faculties. The five cases of melancholia of sudden appearance following surgical operations resulted in two deaths, one improvement and two perfect cures.

L. F. B.